P10/58/06 (12-04)
Approved for use through 7/31/2008, OMB 0651-0032

	PATENT AL	Appl Dork	e collection of cation or at Humber	Filing (s il elec		OMB control munt				
APPLICATION AS FILED - PART ((Cotumn 1) (Cotumn 2)							SMALL	ENTITY	П.	OR	• "	HER THAN ALL ENTITY
FOR			NUMBER FILED .		NUMBER EXT	_	RATE (5)	_	(6)	1	RATE (
O	BASIC FEE pr CFR 1.16(s), (b), or (c))		. NA		N/A		· N/A	-		1	N/A	
0	SEARCH FEE		NA .		N/A		N/A	†		1	N/A	
0	EXAMINATION FEE		N/A		· NA	7	'N/A		,] .	NA	
TOTAL CLAIMS (87 CFR 1.18(1))			,5 minus 20 =		•		X, 825=			OR	X 850=	
INDEPENDENT CLAIMS OF OFR 1.16(h))			Olima 3 =		•		X 8100=				. X \$200=	
DAPPLICATION SIZE FEE (37 CFR 1.15(4))			If the specification and drawings e 100 sheets of paper, the application fee due is \$250 (\$125 for small en- for each additional 50 sheets or for thereof, See 35 U.S.C. 41(a)(1)(G 37 CFR 1.16(s).			20) N	·· · ·			·		
MULTIPLE DEPENDENT CLAIM PRESENT (\$7 CFR 1.16(1))						7.	+\$180				•\$160··	
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL				TOTAL	*
AMENDMENT A	(Column CLAIM REMAINI AMENDM		S HIGHEST NG NUMBER PREVIOUS		PRESEN LY EXTRA	7 1	SMAL RATE (5)	ADDITION FEE	NAL	OR	• • • •	ADDITIONAL FEE (\$)
	Total or cent	1:15	Minus	-20			X \$25 =			OR	X \$50=	i.
3	Endependent (37 CFR 9.16(V))	2	. Minus	3	a f		X \$100=	•		OR	X \$200°	
ş	Application Size Fee (ST CFR 1.18(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0))									OR	•	
7/20/07 (Column 1) (Column 2) (Column 3)						•	TOTAL ADD'L FEE	٠.		OR	ADDL FEE	
-4	20101		· .	(Column 2)	.(Cotumn 3	<i>)</i>	·			٠	•	/ ,
OMENT 8	•	CLAIMS REMAINING AFTER AMENDMENT	1 1	HIGHEST NUMBER PREVIOUS PAID FOR			RATE (S)	ADDITIO FEE (NAL -		RATE (I)	ADDITIONAL FEE (1)
	Total profit	.14	Minure	-20	•]	X' \$25-=			OR	X \$50 ,=	
~	Independent (37 CFR 1,180s)	2	Minus	- 3	8		X \$100 =			OR.	X \$200 =	
AME	Application Size Fee (37 CFR 1.18(f))											
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(1))										OR [/	•
٠.	CALCULATE						TOTAL ADD'L FEE			OR	TOTAL ADOL FEE	2
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20; enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

Wyou need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.